

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43970**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 1221	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE _____ b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis MO		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis MO		2217	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2723 Lucas Ave				21 STREET ADDRESS (If rural, give location) 2723 Lucas Ave			
3. NAME OF DECEASED a. (First) Coronette b. (Middle) T c. (Last) Brown				4. DATE OF DEATH (Month) (Day) (Year) 12-19-1950			
5. SEX Female		6. COLOR OR RACE Cold		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH June 24 1948	
9. AGE (In years last birthday) 2		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		11. BIRTHPLACE (State or foreign country) St. Louis MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Curtis Brown		13b. MOTHER'S MAIDEN NAME Annette Smith		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Annette Brown ADDRESS 2723 Lucas			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Oedema DUE TO (c) Pulmonary Congestion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5-2X			
22. I hereby certify that I attended the deceased from _____ 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:40 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Patricia E. Taylor (Degree or title) 3 Coronet				23b. ADDRESS 1300 Clark		23c. DATE SIGNED 12-19-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 12-19-50		24c. NAME OF CEMETERY OR CREMATORY Anatomical Board		24d. LOCATION (City, town, or county) (State) St. Louis MO	
DATE REC'D BY LOCAL REG. FEB 7 1951		REGISTRAR'S SIGNATURE J. B. Keston		25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side) **D. E. Basile Co 1726 Lucas**

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Arthur L. Holland*

Licensed Embalmer No. *424*

P. O. Address *4049 St. Ferdinand*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, ~~from~~ should be so stated above.